

THE DUAL DIAGNOSIS CAPABILITY IN ADDICTION TREATMENT (DDCAT) INDEX:

A six state collaborative to enhance policy
and implement evidence-based practices for
persons with co-occurring disorders

Substance Abuse Policy Research Program

Annual Grantee Meeting

Amelia Island, Florida

6 December 2007

ACKNOWLEDGEMENTS

The Robert Wood Johnson Substance Abuse Policy Research Program

Dartmouth Medical School: Karen Becker, Chantal Lambert Harris, Stephanie Acquilano, Robert Drake, Aurora Matzkin, Greg McHugo & Will Torrey

IUPUI: Gary Bond

State of CT: Julianne Giard, Rhonda Kincaid, Thomas A. Kirk, Kenneth Marcus, Lauren Siembab, Sam Segal & Arthur Evans

State of IL: Trina Diedrich, Randi Tolliver & Phil Welches

State of IN: John Viernes & David Garner

State of LA: Jessica Brown, Joseph Comaty & Tanya McGee

State of MO: Ron Claus & Heather Gotham

State of NH: Joseph Harding & Lindy Keller

State of TX: Laurel Mangrum & Michelle Steinley-Bumgarner

State of VT: Kathleen Browne & Paul Dragon

NDRI/COCE: John Challis & JoAnn Sacks

Oregon Health & Sciences University: Dennis McCarty

WHY FOCUS ON CO-OCCURRING DISORDERS?

1. Substance use disorders are common in people with mental health disorders
2. Mental health disorders are common in people with substance use disorders
3. Co-occurring disorders lead to worse outcomes and higher costs than single disorders
4. Evidence-based models exist and can be implemented
5. Providers and consumers want a better system and services
6. Few (<10%) people get the treatments they need.

COMORBIDITY OF SUBSTANCE USE AND SPECIFIC AXIS I PSYCHIATRIC DISORDERS

	Any Substance		Alcohol Diagnosis		Other Drug Diagnosis	
Schizophrenia	47%	4.6	33.7%	3.3	27.5%	6.2
ASPD	83.6%	29.6	73.6%	21.0	42%	13.4
Anxiety disorders	23.7%	1.7	17.9%	1.5	11.9%	2.5
Phobia	22.9%	1.6	17.3%	1.4	11.2%	2.2
Panic disorder	35.8%	2.9	28.7%	2.6	16.7%	3.2
OCD	32.8%	2.5	24%	2.1	18.4%	3.7
Bipolar Disorder	60.7%	7.9	46.2%	5.6	40.7%	11.1
Major depression	27.2%	1.9	16.5%*	1.3	18%	3.8

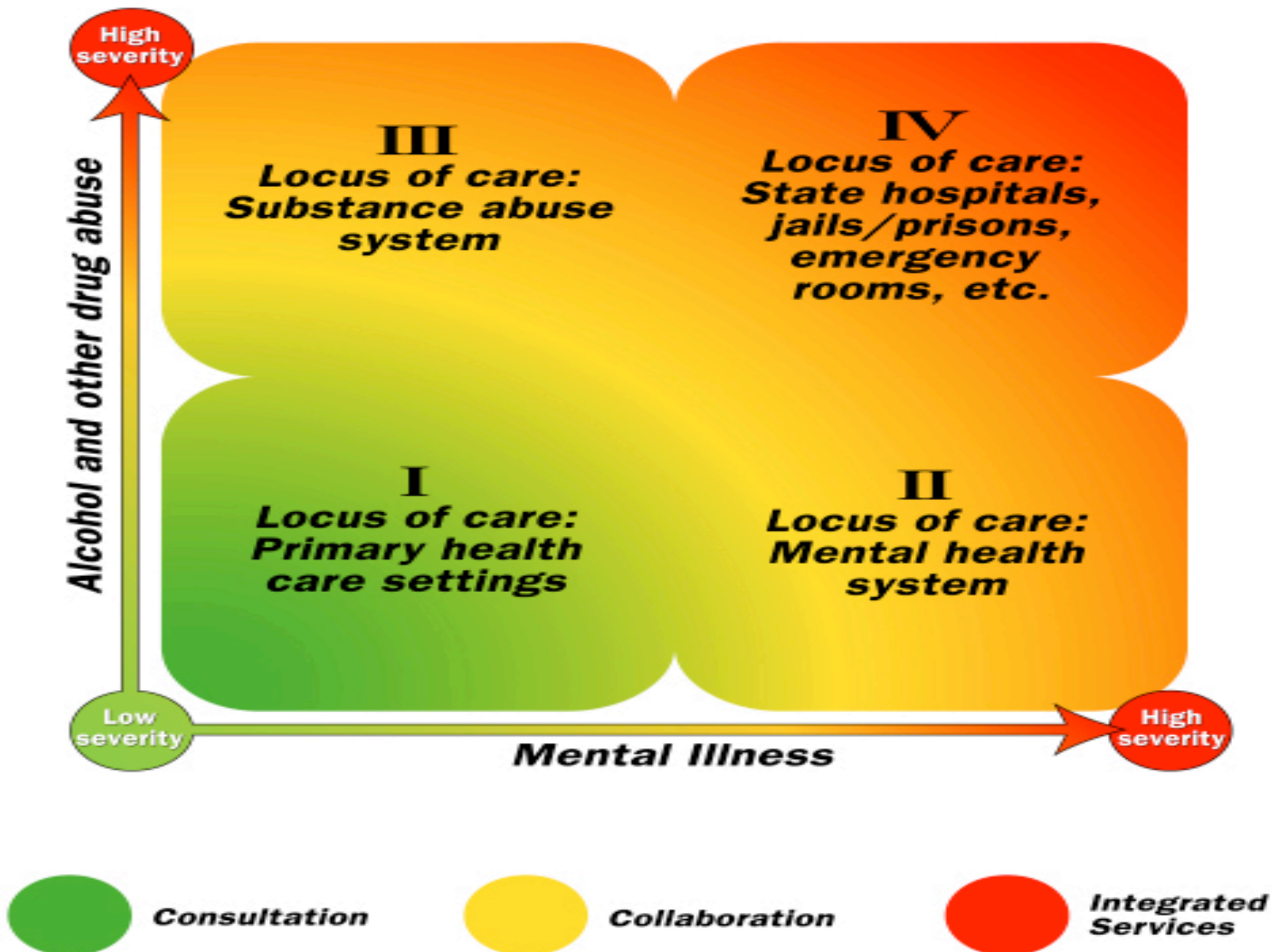
Regier DA et al. JAMA. 1990(Nov 21);264(19):2511-2518

LIFETIME RISK OF ANY MENTAL HEALTH DISORDER BY SUBSTANCE USE DISORDER

■ Cocaine	76.1% (11.3)
■ Barbiturates	74.7% (10.8)
■ Hallucinogens	69.2% (8.0)
■ Opiates	65.2% (6.7)
■ Alcohol	36.6% (2.3)

Figure 4

Service coordination by Severity



PERSONS WITH CO-OCCURRING DISORDERS IN QIII AND QIV

- Policy, evidence-based practices and workforce not yet as scientifically grounded as for persons in QII
- More resources dedicated to treatment and research for QII persons with severe mental illnesses and substance abuse disorders in mental health settings
- QII: Smaller number, but significant impairment
- Societal stigma associated with QIII and QIV substance dependence disorders: Bad vs. sick people; Punish vs. treat as the solution
- Greater heterogeneity among persons with co-occurring disorders in QIII and QIV

PERSONS WITH CO-OCCURRING DISORDERS IN QIII AND QIV

- Policymakers have sounded the alarm!
President's New Freedom Commission, IOM, SAMHSA
- Meanwhile, the field has lacked guidelines and benchmarks for integrated or enhanced services in addiction treatment settings, or for QIII persons (non-severe mental illnesses) in mental health settings
- Meanwhile, large numbers of such persons are receiving "services" and others were being denied services
- And meanwhile, providers want guidance about policy, practice and workforce development, but no specific and pragmatic frameworks have been readily available.

DDCAT INDEX: DEVELOPMENT

- Practical program level policy, practice and workforce benchmarks: Based on scientific literature and expert consensus
- Observational methodology: Interviews; Document review; Social, environmental & cultural ethnography (vs. self-report)
- Iterative process of measure refinement: Field testing and psychometric analyses
- Materials: Index, manual, toolkit & Excel workbook for scoring and graphic profiles

DDCAT (3.2): 7 DIMENSIONS & CONTENT OF 35 ITEMS

	Dimension	Content of items
I	Program Structure	Program mission, structure and financing, format for delivery of mental health services.
II	Program Milieu	Physical, social and cultural environment for persons with psychiatric problems.
III	Clinical Process: Assessment	Processes for access and entry into services, screening, assessment & diagnosis.
IV	Clinical Process: Treatment	Processes for treatment including pharmacological and psychosocial evidence-based formats.
V	Continuity of Care	Discharge and continuity for both substance use and psychiatric services, peer recovery supports.
VI	Staffing	Presence, role and integration of staff with mental health expertise, supervision process
VII	Training	Proportion of staff trained and program's training strategy for co-occurring disorder issues.

DDCAT INDEX RATINGS

- 1 - Addiction Only Services (AOS)
 - 2 -
 - 3 - Dual Diagnosis Capable (DDC)
 - 4 -
 - 5 - Dual Diagnosis Enhanced (DDE)
-

DDCAT PSYCHOMETRIC PROPERTIES

Reliability

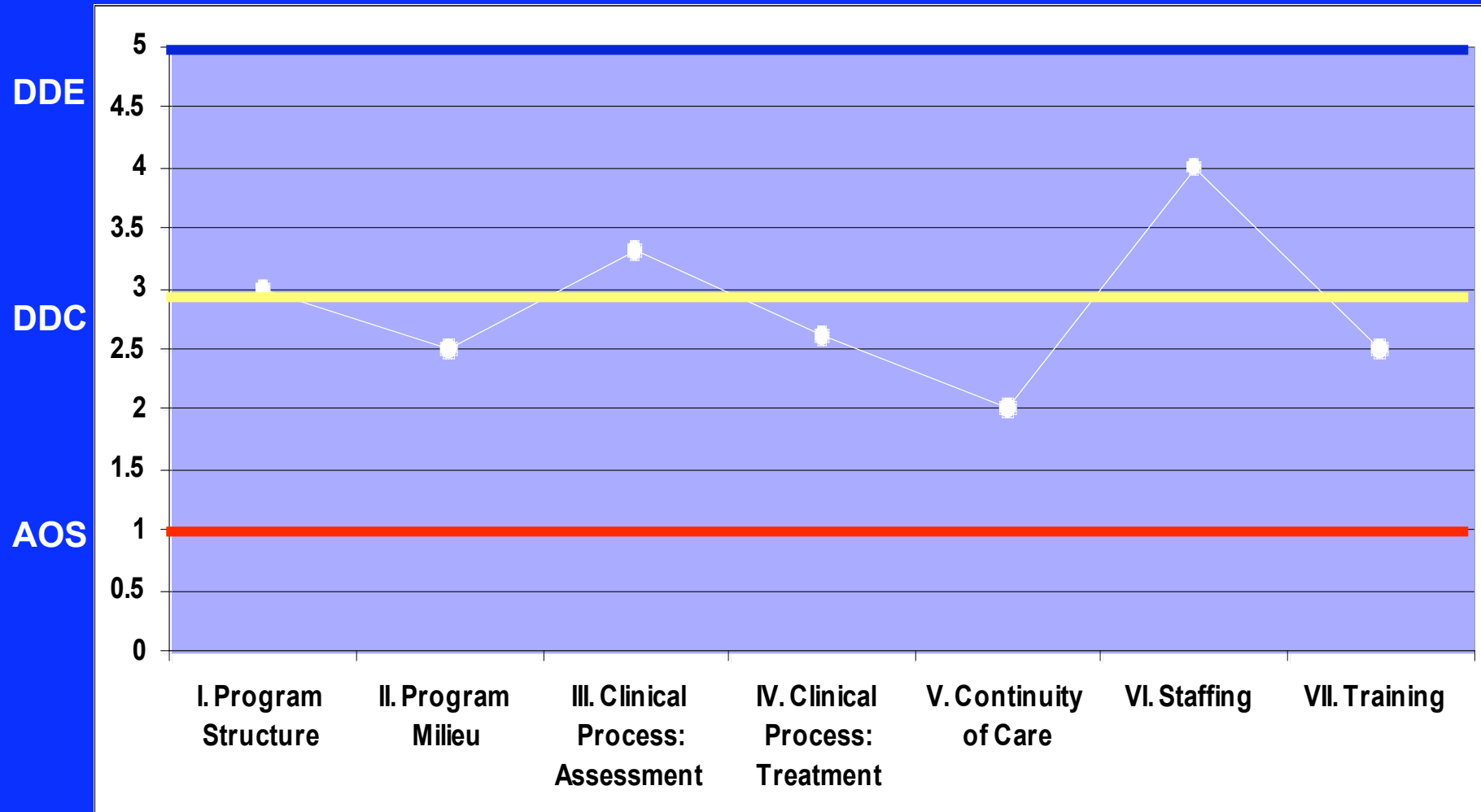
- Median alpha = .81 (Range .73 to .93)
- Inter-rater reliability (MO): .76
- Inter-rater reliability (LA): .84
- Kappa (MO) = .67 (median)
- Sensitivity to change (CT): $p < .05$ @ 9 months

Validity

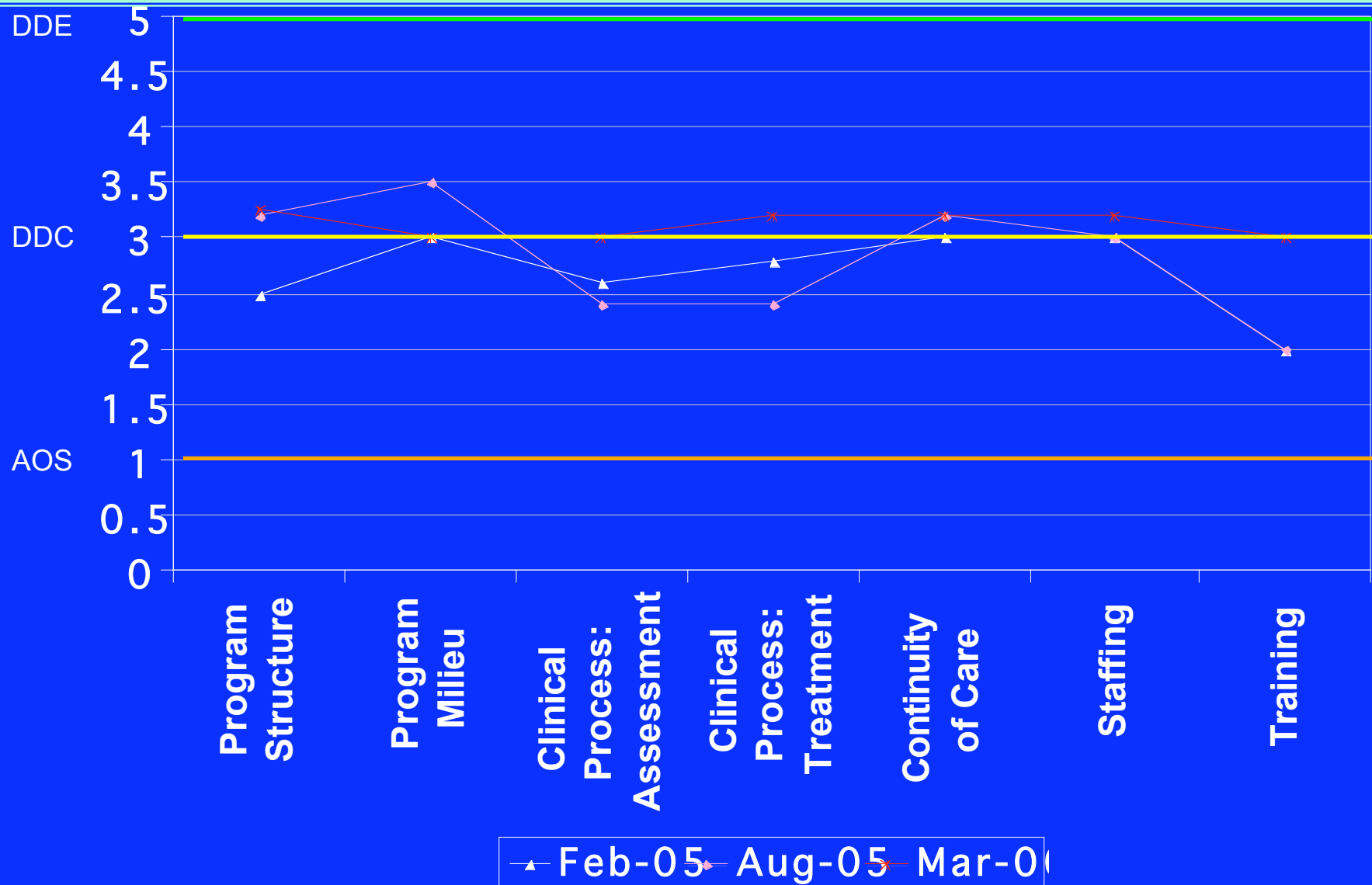
- Correlation with IDDT Fidelity Scale: Median = .69 (.38 to .82)
- Relationship with psychiatric severity levels at admission:
Increasing access for persons with co-occurring disorder
from AOS to DDC to DDE level programs ($p < .001$)

(Gotham et al, 2004; McGovern et al, 2006, 2007; Brown & Comaty, 2007)

DDCAT PROFILE: PRACTICAL GUIDANCE FOR PROVIDERS



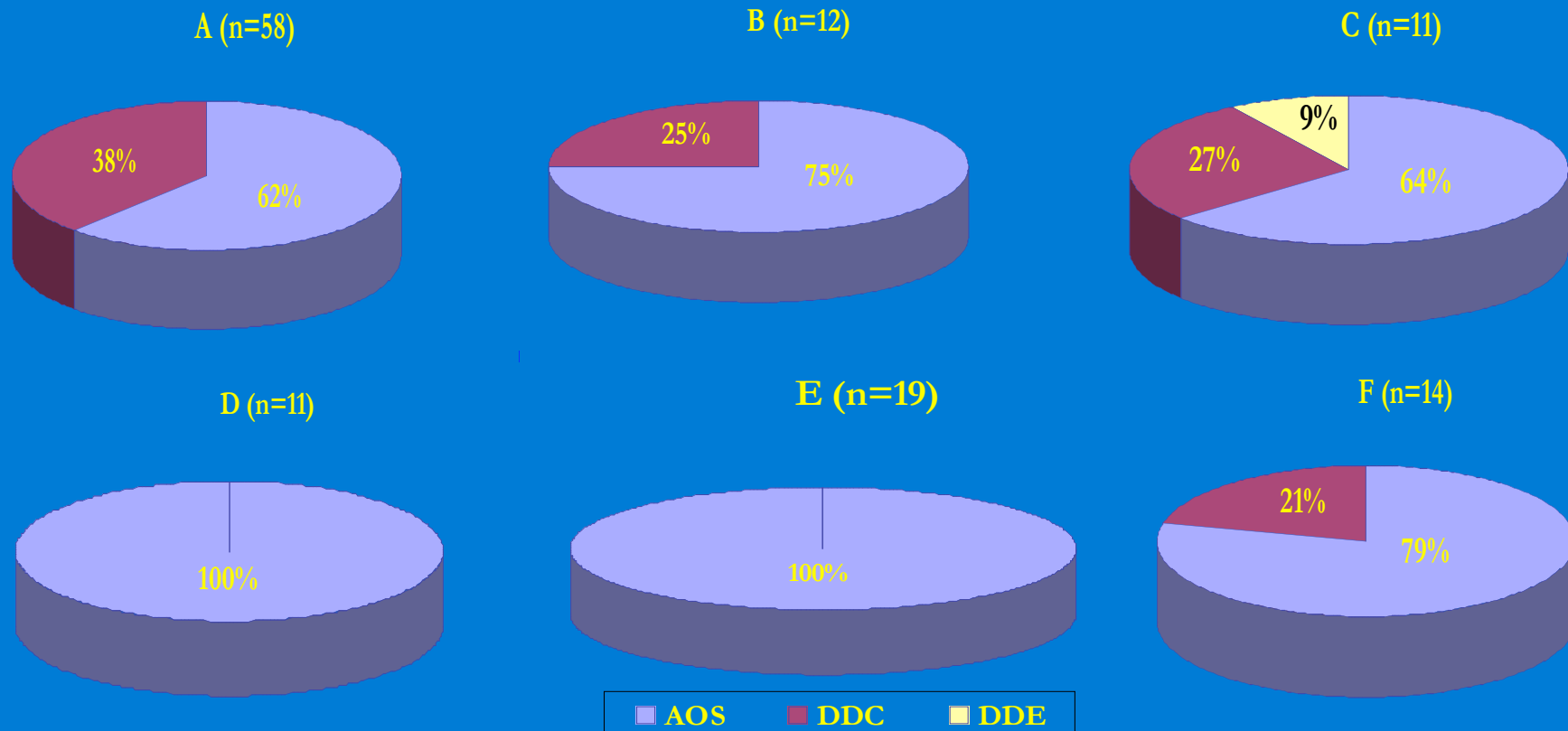
DDCAT PROFILES OVER TIME: DEPICTING PROGRAM CHANGE



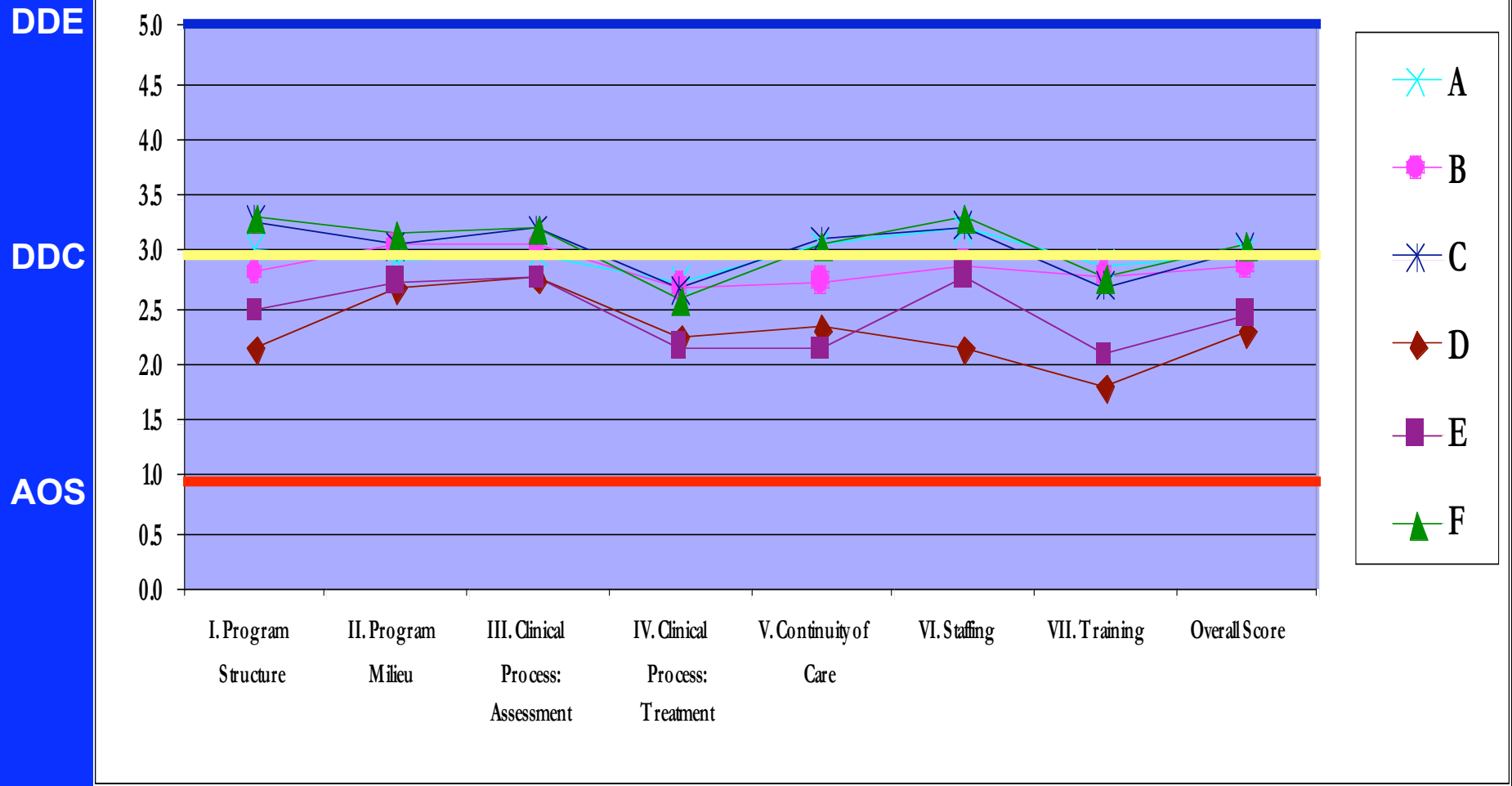
DDCAT: CURRENT SAPRP RESEARCH

- Learning collaborative among 6 (8) states:
Data sharing, quality improvement
exchange, & research studies
(Five 2007 AHSR reports from state Co-PIs)
- Combined DDCAT database: Further
refinement of the index (Larger program n)
- Baseline and follow-up DDCAT
assessments: Qualitative & quantitative
analyses of effective change strategies

DDCAT PROGRAM CATEGORIES: BASELINE ASSESSMENTS ACROSS 6 STATES



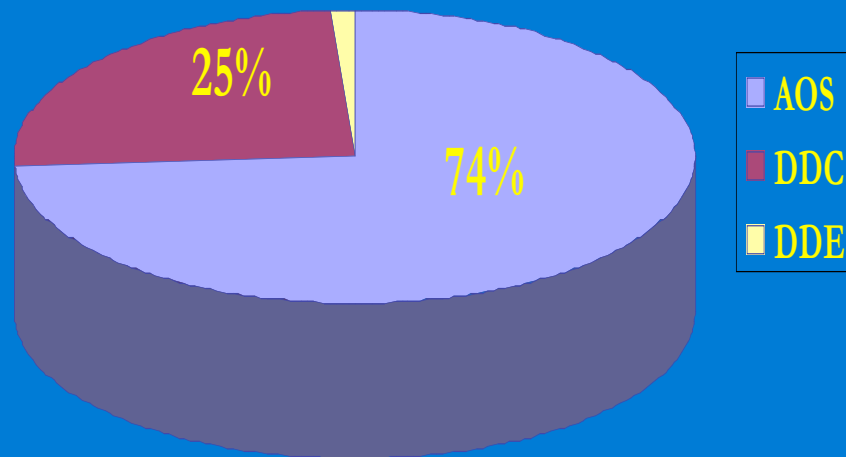
DDCAT PROFILES: BASELINE ASSESSMENTS ACROSS 6 STATES



DDCAT & DDCMHT PROGRAM CATEGORIES: BASELINE ASSESSMENTS ACROSS 6 STATES

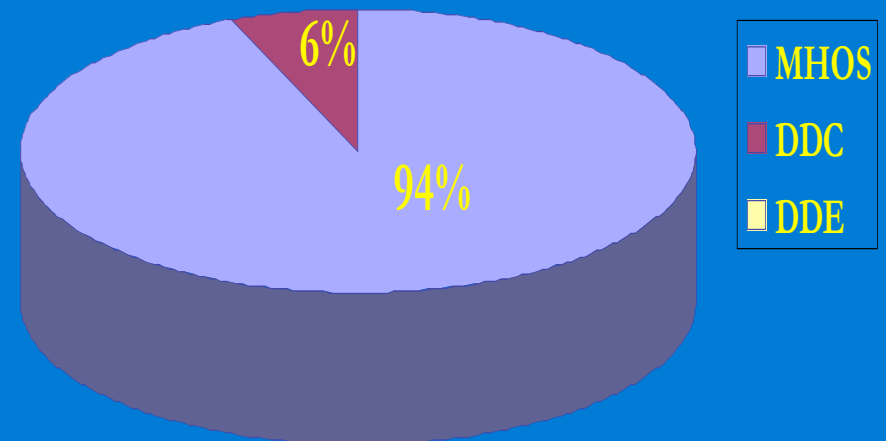
DDCAT (n=125)

1%



DDCMHT (n=48)

6%



DDCAT: NEXT STAGE RESEARCH

- Demand outpacing development (22+ states)
- Expanding learning collaborative (13+ states)
- Linking baseline and follow-up program measure (DDCAT) with patient level performance measures (NIATx indicators): 40 programs/10 states
- Examining effective change strategies (program and patient level) using Implementation Index (Mangrum et al) and Implementation Component Measure (Fixsen et al) at follow-up assessment

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